

Case Number:	CM14-0060192		
Date Assigned:	07/09/2014	Date of Injury:	01/19/1990
Decision Date:	08/19/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 70-year-old female who reported an injury on 01/19/1990 due to a series of heavy lifts. The injured worker was diagnosed with lumbar sprain and strain, degenerative disc disease, status post laminectomy, sciatica, and bilateral leg pain secondary to foraminal stenosis. In a pre-surgery screening on 08/19/2013 for her pending laminectomy surgery, the injured worker reported poor outcomes to physical therapy, conservative care and epidural spinal injection. The injured worker gave a conflicting report to her physician on 03/04/2014 where she stated epidural spinal injections had worked well for her in the past. A review of the documents offered no indication of pain relief or duration before or after procedures had been performed. The injured worker was seen on 06/24/2014; the physician noted the injured worker had a negative straight leg raise. During the visit, the physician noted a lumbar MRI on 06/10/2014 indicated multi-level foraminal stenosis and a laminectomy at L-4 to L-5 had resolved the central stenosis. Forward flexion of the lumbar is 70 degrees and the lower extremities were neurologically intact. The injured worker had a complaint of pain of 5/10. The injured worker ambulated with a cane. Her medications included Norco, Ultram ER, Flexeril, Naprosyn, and Prilosec. The physician was requesting one lumbar epidural steroid injection and a pain management consultation. The physician's rationale for the epidural steroid injection for the lumbar region was based on a diagnosis of sciatica. The rationale for a pain management consultation was the injured worker's use of Norco and Ultram ER. A Request for Authorization Form was signed on 06/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The California MTUS Guidelines for epidural steroid injections recommend this modality for no more than a series of two injections. This modality of treatment is used for the presentation of radicular pain. The criteria for the use of epidural steroid injections state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. There must also be documentation indicating the injured worker was initially unresponsive to conservative treatments such as exercise, physical methods, NSAIDs, and muscle relaxants. Further, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected in one session. The guidelines note repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The injured worker received an MRI on 06/10/2014 which revealed the injured worker was status post laminectomy performed on 08/28/2013 at L-4 to L-5 resolving multilevel foraminal stenosis. The injured worker has tested negative on a bilateral straight leg raise test post-surgically, not been diagnosed with radiculopathy, and forward flexion of the lumbar is 70 degrees, and the lower extremities were neurologically intact during her physician's exam on 06/24/2014. The patient previously underwent an epidural steroid injection to the lumbar spine previously; however, there is a lack of documentation indicating the injured worker had significant relief of pain for 6-8 weeks, along with a reduction in pain medication and increased functionality. Additionally, the submitted request does not indicate the levels at which the injection is to be performed. As such, the request is not medically necessary.

One Pain Management Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines for on-going management recommends consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The injured worker shows no pain improvement and reports poor results with conservative care, medications, and surgery. A pain management consultant may offer insight

towards a positive resolution of the injured worker's status. As such, the request for authorization is medically necessary.